

Appl. No. 09/577,386
Amdt. dated November 13, 2003
Reply to Office action of August 27, 2003

Amendments to the Drawings:

The attached drawings include 35 pages of new formal drawings.

Attachment: New Drawing Sheets.

NOV 17 2003
PATENT & TRADEMARK OFFICE 61

NETWORK ADMINISTRATION 1.2.7.1 PORT=14400

FILE HELP

| | | | | | | | | | | | |
|------------|-------|----------|-----------|-----------|-------------|-------------------|------------------------|-------------|---------|---------------|-----------|
| 12c | | | | | | | | | | | |
| | | | | | | | | | | | |
| ROLES | USERS | NETWORKS | EMPLOYERS | PROVIDERS | RATE SHEETS | CONTRACT NETWORKS | CALCULATION CATEGORIES | CODE GROUPS | CLIENTS | ROUTING RULES | MAILBOXES |

SEARCH

PROVIDER NAME:
 PARTIAL TAX ID:
 NETWORK: ▾

PROVIDERS

PROVIDER ALIASES

ADDRESS

NETWORKS

| NETWORK ADMINISTRATION 1.2.7.1 PORT=14400 FILE HELP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|-----------|-----------|-------------|-------------------|------------------------|-------------|---------|---------------|-----------|----------------------|------------------|--------------------|--------------------|------------|-------------------|-----------------------|------|-----------------|----------------------|-----------|-------------|------------------------|-----------|-----------|-------------------|-------------------------|------------------|-------------------------------------|---------------|------------------|----------|-----------------------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROLES | USERS | NETWORKS | EMPLOYERS | PROVIDERS | RATE SHEETS | CONTRACT NETWORKS | CALCULATION CATEGORIES | CODE GROUPS | CLIENTS | ROUTING RULES | MAILBOXES | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>CATEGORIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CATEGORY DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>ALL CALCULATIONS</td></tr> <tr><td>AMBULATORY SURGERY</td></tr> <tr><td>BOARDER BABY CALCS</td></tr> <tr><td>CASE RATES</td></tr> <tr><td>COST CALCULATIONS</td></tr> <tr><td>DISCOUNT CALCULATIONS</td></tr> <tr><td>DRGS</td></tr> <tr><td>MAXIMUM AMOUNTS</td></tr> <tr><td>NON COVERED SERVICES</td></tr> <tr><td>PER DIEMS</td></tr> <tr><td>PERCENTAGES</td></tr> <tr><td>REASONABLE & CUSTOMARY</td></tr> <tr><td>SCHEDULES</td></tr> <tr><td>STOP LOSS</td></tr> <tr><td>UNIT CALCULATIONS</td></tr> </tbody> </table> </div> <div style="width: 48%;"> <p>CALCULATIONS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CALCULATION DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>2 LEVEL PER DIEM</td></tr> <tr><td>2 LEVEL PER DIEM, LTD BY PCT OF CHG</td></tr> <tr><td>3 LV PER DIEM</td></tr> <tr><td>4 LEVEL PER DIEM</td></tr> <tr><td>PER DIEM</td></tr> <tr><td>PER DIEM, EXCESS DAYS</td></tr> </tbody> </table> </div> </div> | | | | | | | | | | | | CATEGORY DESCRIPTION | ALL CALCULATIONS | AMBULATORY SURGERY | BOARDER BABY CALCS | CASE RATES | COST CALCULATIONS | DISCOUNT CALCULATIONS | DRGS | MAXIMUM AMOUNTS | NON COVERED SERVICES | PER DIEMS | PERCENTAGES | REASONABLE & CUSTOMARY | SCHEDULES | STOP LOSS | UNIT CALCULATIONS | CALCULATION DESCRIPTION | 2 LEVEL PER DIEM | 2 LEVEL PER DIEM, LTD BY PCT OF CHG | 3 LV PER DIEM | 4 LEVEL PER DIEM | PER DIEM | PER DIEM, EXCESS DAYS |
| CATEGORY DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMBULATORY SURGERY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOARDER BABY CALCS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASE RATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COST CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCOUNT CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRGS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAXIMUM AMOUNTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON COVERED SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PER DIEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERCENTAGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REASONABLE & CUSTOMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHEDULES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOP LOSS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALCULATION DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 LEVEL PER DIEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 LEVEL PER DIEM, LTD BY PCT OF CHG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 LV PER DIEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 LEVEL PER DIEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PER DIEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PER DIEM, EXCESS DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="button" value="ADD"/> <input type="button" value="CHANGE"/> <input type="button" value="DELETE"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

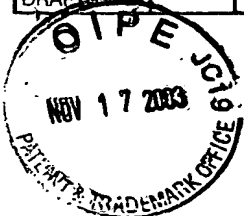


FIG. 6a

6/35

| MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400 | | | | | | | | | | [X] [X] | | | | | | | | | | | | | | | | | |
|---|----------|-----------|----------|--------|-------------|-----------|---|--|--|---------|--|---------|----------|-----------|----------|--------|-------------|-----------|---|--|--|--|--|--|--|--|--|
| FILE SEARCH HELP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <input type="checkbox"/> CLAIM FOLDERS <ul style="list-style-type: none"> <input checked="" type="checkbox"/> OUTBOX <input type="checkbox"/> ERRORS <input type="checkbox"/> PROCESSED <input type="checkbox"/> CLAIM INQUIRY </div> <div> <table border="1"> <tr> <th>PATIENT</th> <th>PROVIDER</th> <th>SERV DATE</th> <th>RCV DATE</th> <th>SBM TR</th> <th>NETWORK NO.</th> <th>CLAIM NO.</th> <th>5</th> </tr> <tr> <td colspan="8" style="height: 100px;"></td> </tr> </table> </div> | | | | | | | | | | | | PATIENT | PROVIDER | SERV DATE | RCV DATE | SBM TR | NETWORK NO. | CLAIM NO. | 5 | | | | | | | | |
| PATIENT | PROVIDER | SERV DATE | RCV DATE | SBM TR | NETWORK NO. | CLAIM NO. | 5 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <div>RECEIVED [] CLAIM NO. []</div> <div>60</div> <div> <div>1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> <div>2. PATIENT'S NAME (LAST, FIRST, MI)</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>3. PATIENT'S BIRTH DATE</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>SEX</div> <div> <input type="checkbox"/> M <input type="checkbox"/> F </div> </div> <div> <div>4. INSURED'S NAME (LAST, FIRST, MI)</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>5. PATIENT'S ADDRESS</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>6. PATIENT RELATIONSHIP TO INSURED</div> <div> <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER </div> </div> <div> <div>7. INSURED'S ADDRESS</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>8. PATIENT STATUS</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>ZIP CODE</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>TELEPHONE</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>SINGLE</div> <div> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER </div> </div> <div> <div>ZIP CODE</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>TELEPHONE</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>9. OTHER INSURED'S NAME (LAST, FIRST, MI)</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>10. IS PATIENT'S CONDITION RELATED TO:</div> <div> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> STUDENT </div> </div> <div> <div>11. INSURED'S POLICY OR GROUP NUMBER</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>12. OTHER INSURED'S POLICY OR GROUP NUMBER</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>13. BIRTH DATE</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>SEX</div> <div> <input type="checkbox"/> M <input type="checkbox"/> F </div> </div> <div> <div>14. EMPLOYER'S NAME OR SCHOOL NAME</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>15. INSURANCE PLAN NAME OR PROGRAM NAME</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <div>16. IS THERE ANOTHER HEALTH BENEFIT PLAN?</div> <div> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <input type="checkbox"/> START <input type="checkbox"/> INBOX-M <input type="checkbox"/> MICROSOFT <input type="checkbox"/> UNTITLED- <input type="checkbox"/> EXPLORING <input type="checkbox"/> JRE <input type="checkbox"/> NETWORK <input type="checkbox"/> MICROSOFT <input type="checkbox"/> JRE <input type="checkbox"/> MANUA... <input type="checkbox"/> NETWORK 10:12 AM </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

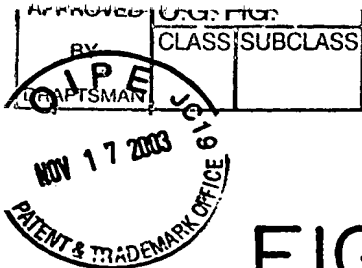


FIG. 6b

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| MANUAL CLAIM ENTRY 1.2.7.1 PORT=14400 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---|-----------|---|-------------|------------------------|----|--|--|---------|----------|-----------|-----------|-------|-------------|-----------|----|----|--|--|--|--|--|--|--|
| FILE SEARCH HELP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>12345678901234567890</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>CLAIM FOLDERS</div> <ul style="list-style-type: none">OUTBOXERRORSPROCESSEDCLAIM INQUIRY | | <table border="1"><tr><th>PATIENT</th><th>PROVIDER</th><th>SERV DATE</th><th>RCVD DATE</th><th>SBMTR</th><th>NETWORK NO.</th><th>CLAIM NO.</th><th>ST</th></tr><tr><td colspan="8">60</td></tr></table> | | | | | | | | PATIENT | PROVIDER | SERV DATE | RCVD DATE | SBMTR | NETWORK NO. | CLAIM NO. | ST | 60 | | | | | | | |
| PATIENT | PROVIDER | SERV DATE | RCVD DATE | SBMTR | NETWORK NO. | CLAIM NO. | ST | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. PATIENT OR AUTHORIZED PERSONS SIGNATURE | | PATIENT SIGNATURE DATE | | 13. INSURED OR AUTHORIZED PERSONS SIGNATURE | | | | | | | | | | | | | | | | | | | | | |
| 14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE | | 16. DATES PATIENT UNABLE TO WORK | | FROM TO | | | | | | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR SOURCE | | 17a. ID NUMBER OF REFERRING PHYSICIAN | | 18. HOSPITALIZATION DATES RELATED TO SERVICES | | FROM TO | | | | | | | | | | | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | 20. OUTSIDE LAB? | | \$ CHARGES | | | | | | | | | | | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) | | 22. MEDICAID RESUBMISSION CODE | | ORIGINAL REF. NO. | | | | | | | | | | | | | | | | | | | | | |
| 1. 3. | | 23. PRIOR AUTHORIZED NUMBER | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 4. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. A B C D E F G H I J K | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES OF SERVICE FROM TO | | CPT/ MODIFIER POSTOS HCPCS | | DIAGNOSIS CODE | | CHARGES EPSDT | | RESERVED FOR LOCAL ANESTHESIA COB USE HRS. MNS. COST | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER | | 26. PATIENT'S SSN EIN ACCOUNT NO. | | 27. ACCEPT ASSIGNMENT? | | 28. TOTAL CHARGES PAID | | 29. AMOUNT DUE | | | | | | | | | | | | | | | | | |
| 30. BALANCE | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED | | 33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE AND PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| [START] [INBOX-M] [MICROSOFT] [UNTITLED-] [EXPLORING] [JRE] [NETWORK] [MICROSOFT] [JRE] [MANUAL...] [NA] [OK] [11:05AM] | | | | | | | | | | | | | | | | | | | | | | | | | |

8/35

| | | | | | | | | | | | | | | |
|--|--|---|----------|------------------------|----------|---|-------------|----------------------|----|----------------------|--|------------|--|--|
| MANUAL CLAIM ENTRY | | | | | | | | | | | | PORT=14400 | | |
| FILE SEARCH HELP | | | | | | | | | | | | | | |
| <input type="checkbox"/> OFF <input checked="" type="checkbox"/> ON <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| CLAIM FOLDERS <input checked="" type="checkbox"/> OUTBOX <input type="checkbox"/> ERRORS <input type="checkbox"/> PROCESSED <input type="checkbox"/> CLAIM INQUIRY | | PATIENT | PROVIDER | SERV DATE | RCV DATE | SBMTR | NETWORK NO. | CLAIM NO. | | | | | | |
| | | | | | | | | | 60 | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. <input type="text"/> 3. <input type="text"/> 2. <input type="text"/> 4. <input type="text"/> | | | | | | | | | | | | | | |
| 22. MEDICAID RESUBMISSION CODE <input type="text"/> YES <input type="text"/> NO <input type="text"/> ORIGINAL REF. NO. <input type="text"/> 23. PRIOR AUTHORIZED NUMBER <input type="text"/> | | | | | | | | | | | | | | |
| 24. A B C D E F G H I J K DATES OF SERVICE FROM TO POSTOS HCPCS) CPT/ MODIFIER DAYS UNITS EMG RESERVED FOR LOCAL ANESTHESIA CODE CHARGES EPSDT COB USE HRS. MNS. COST | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"></table> | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER | | 26. PATIENTS SSN EIN ACCOUNT NO. | | 27. ACCEPT ASSIGNMENT? | | 28. TOTAL CHARGES | | 29. AMOUNT PAID | | 30. BALANCE DUE | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED | | | | 33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE AND PHONE NUMBER | | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | | | <input type="text"/> | | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | | | <input type="text"/> | | | | | | | | |
| SIGNED <input type="text"/> | | DATE <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | |
| | | | | PIN# | | <input type="text"/> | | GRP# | | <input type="text"/> | | | | |

MANUAL CLAIM ENTRY1.2.6.1 PORT=14400

FILE SEARCH HELP

OUTBOX

ERRORS

PROCESSED

ALL

COMPLETED CLAIMS

COST EXCESS DAYS MANUAL

| PATIENT | PROVIDER | SERV DATE | RCVD DATE | SBMTR | NETWORK NO. | CLAIM NO. |
|----------------------|--------------------------------|------------|------------|--------|-------------|-----------|
| SUBMITLROXSPCT2, EV | ST. MICHAEL HEALTH CARE CENTER | 2000-01-09 | 2000-02-29 | | | |
| SUBMITALLOS3, EV | ST. MICHAEL HEALTH CARE CENTER | 2000-01-09 | 2000-02-29 | | | |
| SUBMITLROXSPCT3, EV | ST. MICHAEL HEALTH CARE CENTER | 2000-01-09 | 2000-02-29 | | | |
| VARIABLE PER DEM, EV | HARBOY MEDICAL CENTER | 2000-01-09 | 2000-02-29 | DRVALC | | |

RECEIVED02/29/2000CLAIM NO.

MEDICAL CENTER

1305

CROWLEY, LA

70526

3. PATIENT CONTROL NUMBER

4. TYPE OF BILL

12. PATIENT NAME

LAST

FIRST

MI

STREET

CITY

STATE

ZIP CODE

4. BIRTH DATE

15. SEX

16. MS

17. DATE

18. HR

19. TYPE

20. SRC

21. DH

22. STAT

23. MEDICAL RECORD NO

24. 25. 26. 27. 28. 29. 30. 31.

32. OCCURRENCE CODE

33. OCCURRENCE CODE

34. OCCURRENCE CODE

35. OCCURRENCE CODE

36. OCCURRENCE CODE

37. OCCURRENCE CODE

38. LAST

39. VALUE CODES

40. VALUE CODES

41. VALUE CODES

42. REV CODE

43. DESCRIPTION

44. HCPCS/RATES

45. SERV. DATE

46. SERV. UNITS

47. TOTAL CHARGES

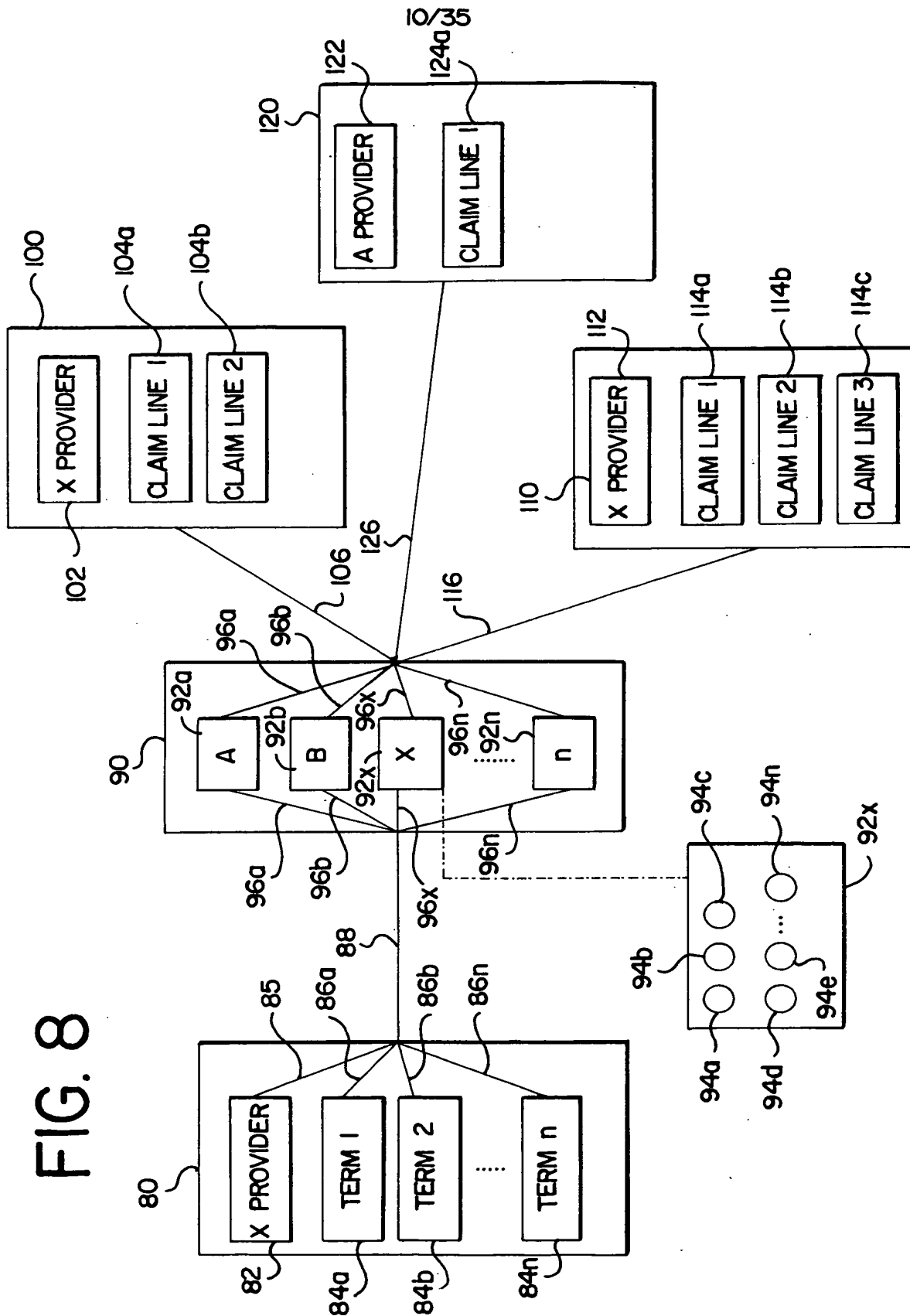
48. NON-COVERED

49. COST

| | | | | | | | | |
|-----|--------------------|--|--|---|-------------|--|--|--|
| 120 | ROOM-BOARD/SIM | | | 4 | \$4,000.00 | | | |
| 350 | CORONARY CARE OR C | | | 1 | \$6,000.00 | | | |
| 250 | PHARMACY | | | | \$10,000.00 | | | |
| 001 | TOTAL CHARGES | | | | \$20,000.00 | | | |

NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 8



| | | |
|-----------|-----------|----------|
| APPROVED | U.G. FIG. | |
| BY | CLASS | SUBCLASS |
| DRAFTSMAN | | |



11/35

FIG.9

140

PROVIDER CONTRACT

MEDICAL CENTER 11-9999999

EFFECTIVE 04/01/1999

HOSPITAL AGREES TO PROVIDER COVERED HOSPITAL SERVICES ON THE PAYMENT TERMS SET FORTH BELOW.

HOSPITAL AGGREGES TO PROVIDE ALL COVERED INPATIENT AND OUTPATIENT SERVICES ACCORDING TO THE FOLLOWING ALL INCLUSIVE PER DIEM AND DISCOUNT ARRANGEMENTS:

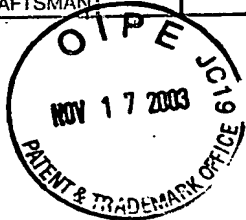
\$750.00 MEDICAL PER DIEM
\$950.00 SURGICAL PER DIEM

NORMAL DELIVERY (MOTHER & BABY)
\$1,400.00 1-2 DAY STAY CASE RATE
\$450.00 EACH ADDITIONAL DAY

CESAREAN SECTION (MOTHER & BABY)
\$2,800.00 1-2 DAY STAY CASE RATE
\$500.00 EACH ADDITIONAL DAY

ALL OTHER COVERED IMPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES
OUTPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES

STOP LOSS: FOR ANY CASE IN WHICH CHARGES EXCEED \$20,000.00, HOSPITAL WILL BE PAID 85% OF BILLED CHARGES.



12/35

FIG. 10a

NETWORK ADMINISTRATION 1.2.6.1 PORT=14400 150

FILE CREATE RATE SHEET

ROUTING RULES MAILBOXES

RATE SHEET SEARCH

RATE SHEET CODE: 152

RATE SHEET DESCRIPTION: 154

IS THIS A SUB RATE SHEET? ☐ 156

EFFECTIVE DATE: 155a 03/15/2000

TERMINATION DATE: 155b 12/31/9999

AVAILABLE SECTIONS

- EXCLUSION
- PER DIEM
- CASE RATE
- INPATIENT SERVICES
- STOP LOSS
- OUTPATIENT EXCLUSION
- OUTPATIENT CASE RATE
- OUTPATIENT STOP LOSS
- PROFESSIONAL/OTHER SERVICES

SELECTED SECTIONS

158a OK

158b CANCEL

159

ADD CHANGE DELETE COPY
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START INBOX MICROSOFT MICROSOFT EXCEL... EXPLORING-REPRICE... EXPLORING-REPRICE... NETWORK ADMIN... 10:09 AM

FIG. 10b

NETWORK ADMINISTRATION 1.2.7.1 PORT=14400

CREATE RATE SHEET

ROUTING RULES

MAILBOXES

RATE SHEET SEARCH

RATE SHEET CODE

RATE SHEET DESCRIPTION

IS THIS A SUB RATE SHEET? ☐

EFFECTIVE DATE 05/02/2000

TERMINATION DATE 12/31/9999

AVAILABLE SECTIONS

EXCLUSION
INPATIENT SERVICES
OUTPATIENT EXCLUSION
OUTPATIENT CASE RATE
OUTPATIENT STOP LOSS
PROFESSIONAL/OTHER SERVICES
OUTPATIENT PER DIEM

158b

SELECTED SECTIONS

PER DIEM
CASE RATE
OUTPATIENT SERVICES
STOP LOSS

OK

CANCEL

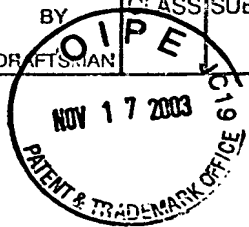
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START INBOX-ML MICROSOFT BUNTLED-... EXPLORING JRE NETWORK MICROSOFT JRE MANUAL C. 11:00 AM

[illegible]

| | |
|-----------|----------------|
| APPROVED | O.G. FIG. |
| BY | CLASS SUBCLASS |
| DRAFTSMAN | |



16/35

FIG.12a

QUALIFICATIONS

☒ CODE VALUES
☐ CODE GROUPING

CODE TYPES: DRG CODE(S)

VALUE RANGE: 103 TO 109

175a

175b

FIG.12b

QUALIFICATIONS

☐ CODE VALUES
☒ CODE GROUPING

CODE TYPES: -SELECT CODE TYPE--

CODE GROUPS: -SELECT CODE GROUP--

AICD (ACID?)
ALC SCHEDULE CODE VALUES
ALCOHOL & DRUG
ALCOHOL & DRUG DAY PROGRAM?
AMBULATORY SURGERY
ASFGD
BLOOD FACTOR 8 AND 9
C-SECTION

177

NOV 17 2003

PATENT & TRADEMARK OFFICE 6125

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FIG. 13b

198

194

RATE SHEET TERMS

DESCRIPTION

☐ HEADING

DESCRIPTION: SURGICAL

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS

☐ CODE VALUES ☒ CODE GROUPING 192a

CODE TYPES: REVENUE CODE(S)

CODE GROUPS: PER DIEM/MEDICAL 192b

CALCULATIONS

☒ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

☒ ALL CALCULATIONS

- ☐ 2 LEVEL PER DIEM
- ☐ 2 LEVEL PER DIEM, LTD BY PCT OF CHG
- ☐ 2 LEVEL SERVICES
- ☐ 2 LV CASE + EXCESS PCT, LTD BY CHG
- ☐ 2 LV CASE + PD, LTD BY CHG
- ☐ 2 LV CASE, LTD BY CHG
- ☐ 3 LV CASE + PD, LTD BY CHG
- ☐ 3 LV CASE, LTD BY CHG
- ☐ 3 LV PER DIEM

☐ COMPLETE

PER DIEM PRICING IS \$950.00 PER DIEM 192c

THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

OK CANCEL

FIG.3C

NETWORKX ADMINISTRATION 1.2.7.1 PORT=14400

FILE HELP

ROLES

USERS

NETWORKS

EMPLOYERS

PROVIDERS

RATE SHEETS

CONTRACT NETWORKS

CALCULATION CATEGORIES

CODE GROUPS

CLIENTS

ROUTING RULES

MAILBOXES

RATE SHEET: HMC

VALID: 04-01-1999 THROUGH 12-31-9999

RATE SHEET SEARCH

HMC - HARDY MEDICAL CENTER

PER DIEM

CASE RATE

OUTPATIENT SERVICES

STOP LOSS

FOOTNOTES

1. PER DIEM

1.1 MEDICAL

CODE GROUP - PER DIEM - MEDICAL PRICING IS \$750.00 PER DIEM - 2,6

1.2 SURGICAL

CODE GROUP - PER DIEM - SURGICAL PRICING IS \$950.00 PER DIEM - 2,6

2. CASE RATE

3. OUTPATIENT SERVICES

4. STOP LOSS

FOOTNOTES

1-THESE CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.

2-THESE CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.

3-THESE CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.

4-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.

5-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.

6-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

7-PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM LINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEET

CHANGE SHEET

DELETE SHEET

ADD ITEM

CHANGE ITEM

DELETE ITEM

COPY ITEM

START

INBOX-MIL

MICROSOFT

BUNTLED

EXPLORING

JRE

NETWORK

MICROSOFT

JRE

MANUAL C

MAILED

11:16 AM

APPROVED BY: CLASS SUBCLASS
NOV 17 2003
PATENT & TRADEMARK OFFICE 61505

19/35

195

FIG. 14

| <input checked="" type="checkbox"/> RATE SHEET TERMS | |
|---|---|
| DESCRIPTION <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">NORMAL DELIVERY (MOM & BABY)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">EFFECTIVE DATES: 04/01/1997 - 12/31/9999</div> | <div style="float: right; text-align: center;"> CALCULATIONS <input checked="" type="radio"/> CALCULATIONS <input type="radio"/> ACTIONS <input type="radio"/> SUBRATE SHEETS </div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <input checked="" type="checkbox"/> ALL CALCULATIONS <input type="checkbox"/> 2 LEVEL PER DIEM <input type="checkbox"/> 2 LEVEL PER DIEM, LTD BY PCT OF CHG <input type="checkbox"/> 2 LEVEL SERVICES <input type="checkbox"/> 2 LV CASE + EXCESS PCT, LTD BY CHG <input type="checkbox"/> 2 LV CASE + PD, LTD BY CHG <input type="checkbox"/> 2 LV CASE, LTD BY CHG <input type="checkbox"/> 3 LV CASE + PD, LTD BY CHG <input type="checkbox"/> 3 LV CASE, LTD BY CHG <input type="checkbox"/> 3 LV PER DIEM </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> COMPLETE </div> |
| QUALIFICATIONS <div style="margin-left: 20px;"> <input type="radio"/> CODE VALUES <input checked="" type="radio"/> CODE GROUPING </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ICD-9 PROCEDURE CODE(S) ▼</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NORMAL DELIVERY ▼</div> | <div style="text-align: right; margin-right: 20px;">197b</div> <p>CASE RATE PLUS PER DIEM, LIMITED BY CHARGE, 197a</p> <p>PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY.</p> <p>LIMIT THE ALLOWED TO THE COMBINED CHARGES. 197d</p> <p>THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY. 197c</p> |
| <div style="display: inline-block; width: 45%; text-align: center;">OK</div> <div style="display: inline-block; width: 45%; text-align: center;">CANCEL</div> | |

FIG.15

☒ RATE SHEET TERMS

☐ HEADING

DESCRIPTION: C-SECTION (MOM & BABY)

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS

☐ CODE VALUES ☒ CODE GROUPING

CODE TYPES: ICD-9 PROCEDURE CODE(S)

CODE GROUPS: C-SECTION

CALCULATIONS

☒ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

☒ ALL CALCULATIONS

☐ 2 LEVEL PER DIEM

☐ 2 LEVEL PER DIEM, LTD BY PCT OF CHG

☐ 2 LEVEL SERVICES

☐ 2 LV CASE + EXCESS PCT, LTD BY CHG

☐ 2 LV CASE + PD, LTD BY CHG

☐ 2 LV CASE, LTD BY CHG

☐ 3 LV CASE + PD, LTD BY CHG

☐ 3 LV CASE, LTD BY CHG

☐ 3 LV PER DIEM

☐ COMPLETE

CASE RATE PLUS PER DIEM, LIMITED BY CHARGE

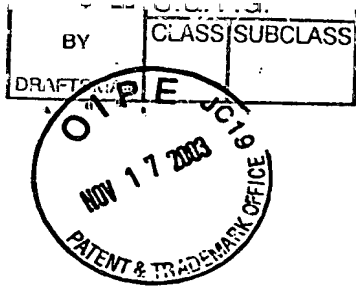
PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY.

LIMIT THE ALLOWED TO THE COMBINED CHARGES.

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

OK CANCEL

FIG.16



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☒ RATE SHEET TERMS

DESCRIPTION ☐ HEADING ☐ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

DESCRIPTION: ALL OTHER INPATIENT SERVICES

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS ☐ CODE VALUES ☐ CODE GROUPING

CODE TYPES: ALL REMAINING CODES

☒ CALCULATION CATEGORIES ☐ ALL CALCULATIONS ☐ CASE RATES ☐ COST CALCULATIONS ☒ DISCOUNT CALCULATIONS ☐ DISCOUNT PCT ☐ DISCOUNT PCT W/ THRESHOLD ☐ PROVIDER DISCOUNT PCT ☐ DRGS ☐ MAXIMUM AMOUNTS ☐ NON-COVERED SERVICES ☐ COMPLETE

DISCOUNT PERCENT

PRICING IS A DISCOUNT OF THE CHARGE.

THIS CALCULATION WILL BE USED TO REPRICE THE WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE .

OK CANCEL

FIG. 17

| RATE SHEET TERMS | |
|--|--|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> DESCRIPTION </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> HEADING </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DESCRIPTION: ALL OTHER INPATIENT SERVICES </div> <div> EFFECTIVE DATES: <div style="display: inline-block; border: 1px solid black; padding: 2px 10px; margin: 0 5px;">04/01/1997</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 10px;">12/31/9999</div> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> CALCULATIONS </div> <div style="margin-bottom: 5px;"> <input checked="" type="radio"/> CALCULATIONS <input type="radio"/> ACTIONS <input type="radio"/> SUBRATE SHEETS </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> CALCULATION CATEGORIES <input checked="" type="checkbox"/> ALL CALCULATIONS <input type="checkbox"/> CASE RATES <input type="checkbox"/> COST CALCULATIONS <input checked="" type="checkbox"/> DISCOUNT CALCULATIONS </div> <div> <input checked="" type="checkbox"/> DISCOUNT PCT <input type="checkbox"/> DISCOUNT PCT W/ THRESHOLD <input type="checkbox"/> PROVIDER DISCOUNT PCT </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> DRGS <input type="checkbox"/> MAXIMUM AMOUNTS <input type="checkbox"/> NON-COVERED SERVICES </div> <div> <input type="checkbox"/> COMPLETE </div> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> QUALIFICATIONS </div> <div style="margin-bottom: 5px;"> <input checked="" type="radio"/> CODE VALUES <input type="radio"/> CODE GROUPING </div> <div style="border: 1px solid black; padding: 2px;"> CODE TYPES: ALL OTHER OUTPATIENT SERVICES </div> |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> DISCOUNT PERCENT </div> <div style="margin-bottom: 5px;"> PRICING IS A <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">15%</div> DISCOUNT OF THE CHARGE </div> <div style="border: 1px solid black; padding: 5px;"> THIS CALCULATION WILL BE USED TO REPRICE THE <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">ENTIRE CLAIM</div> WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">LAST TERM TO QUALIFY</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px 20px;">OK</div> <div style="border: 1px solid black; padding: 5px 20px;">CANCEL</div> </div> | |

F/G/8

| RATE SHEET TERMS | |
|---|---|
| DESCRIPTION <input type="checkbox"/> HEADING STOP LOSS EFFECTIVE DATES: <div style="display: flex; justify-content: space-between;"> 04/01/1997 12/31/9999 </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> CALCULATIONS ○ ACTIONS ○ SUBRATE SHEETS <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="radio"/> ALL CALCULATIONS</p> <ul style="list-style-type: none"> -○- 2 LEVEL PER DIEM -○- 2 LEVEL PER DIEM, LTD BY PCT OF CHG -○- 2 LEVEL SERVICES -○- 2 LV CASE + EXCESS PCT, LTD BY CHG -○- 2 LV CASE + PD, LTD BY CHG -○- 2 LV CASE, LTD BY CHG -○- 3 LV CASE + PD, LTD BY CHG -○- 3 LV CASE, LTD BY CHG -○- 3 LV PER DIEM </div> <div style="margin-top: 10px;"> <input type="checkbox"/> COMPLETE </div> </div> |
| QUALIFICATIONS ○ CODE VALUES ○ CODE GROUPING CODE TYPES: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">ALL REMAINING CODES</div> | |
| <div style="display: flex; justify-content: space-between;"> <div> STOP LOSS IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM. THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY. </div> <div style="display: flex; gap: 20px;"> <div>OK</div> <div>CANCEL</div> </div> </div> | |

NETWORKX ADMINISTRATION 1.2.6 | PORT=21000

FILE HELP

ROLES | USERS | NETWORKS | EMPLOYERS | PROVIDERS | RATE SHEETS | CONTRACT NETWORKS | CALCULATION CATEGORIES | CODE GROUPS | CLIENTS | ROUTING RULES | MAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999 RATE SHEET SEARCH

DJWHMC-HARDY MEDICAL CENTER

- PER DIEM
- CASE RATE
- OUTPATIENT SERVICES
- STOP LOSS
- FOOTNOTES

1. PER DIEM

200

1.1 MEDICAL
CODE GROUP-PER DIEM-MEDICAL. PRICING IS \$750.00 PER DIEM -2,6

1.2 SURGICAL
CODE GROUP-PER DIEM SURGICAL. PRICING IS \$950.00 PER DIEM. -2,6

2. CASE RATE

2.1 NORMAL DELIVERY
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES

3.1 ALL SERVICES
ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS

4.1 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

ADD SHEET | CHANGE SHEET | DELETE SHEET | COPY SHEET | ADD ITEM | CHANGE ITEM | DELETE ITEM | COPY ITEM

START | INBOX-MICROS... | MICROSOFT EXC... | FW:ALC-ME... | EXPLORING-REP... | JRE | NETWORKX... | 9:06AM

OFFICE
MICROSOFT

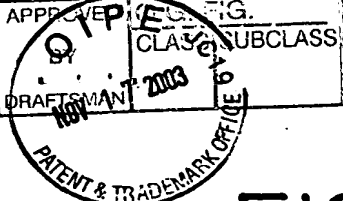


FIG.19b

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NETWORK ADMINISTRATION 1.2.6 | PORT=21000

FILE HELP

ROLESUSERSNETWORKSEMPLOYERSPROVIDERSRATE SHEETS CONTRACT NETWORKS CALCULATION CATEGORIES CODE GROUPS CLIENTSROUTING RULESMAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999

RATE SHEET SEARCH

DJWHMC-HARDY MEDICAL CENTER

- PER DIEM
- CASE RATE
- OUTPATIENT SERVICES
- STOP LOSS
- FOOTNOTES

2. CASE RATE

2.1 NORMAL DELIVERY
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES

3.1 ALL SERVICES
ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS

4.1 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP
4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEETCHANGE SHEETDELETE SHEETCOPY SHEET

ADD ITEMCHANGE ITEMDELETE ITEMCOPY ITEM

STARTINBOX-MICROS...MICROSOFT EX...BFW:ALC-ME...EXPLORING-REP...URENETWORK A...MICROSOFT WOR...NALEX 9:07AM

OFFICE

MICROSOFT

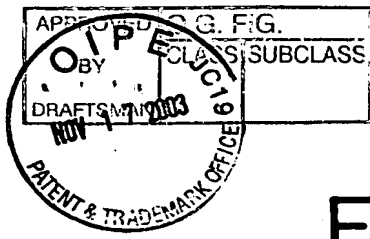


FIG.20

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COMPLETED RATE SHEET

MEDICAL CENTER

1. INPATIENT PER DIEM

1.1 MEDICAL

REVENUE CODES IN PER DIEM - MEDICAL. REPRICE AT \$750.00 PER DAY. -2,6

1.2 SURGICAL

REVENUE CODES AND CPT4 PROCEDURE CODES IN PER DIEM - SURGICAL.
REPRICE AT \$950.00 PER DAY. -2,6

2. INPATIENT CASE RATE

2.1 NORMAL DELIVERY 1-2 DAYS

ICD-9 PROCEDURE CODES IN NORMAL DELIVERY. REPRICE AT \$1,400.00 FOR
UP TO 2 DAYS. \$450.00 PER DEIM, THEREAFTER. -1,6

2.2 C-SECTION

ICD-9 PROCEDURE CODES IN C-SECTION. REPRICE AT \$2,800.00 FOR UP TO 2
DAYS. \$500.00 PER DIEM THEREAFTER. -1,6

3. INPATIENT SERVICES

3.1 ALL OTHER INPATIENT SERVICES

ALL REMAINING CODES. REPRICE AT 15% OF CHARGES. -2,6

4. OUTPATIENT SERVICES

4.1 ALL OTHER OUTPATIENT SERVICES

ALL REMAINING CODES. PREPRICE AT 15% OF CHARGES. -2,6

5. STOP LOSS

5.1 STOP LOSS

ALL REMAINING CODES. IF REPRICED AMOUNT EXCEEDS \$20,000.00 THE
CLAIM WILL BE REPRICED AT 85% OF CHARGES. -1,6

FOOTNOTES

- 1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
- 2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
- 3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.
- 4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
- 5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
- 6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
- 7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

FIG. 21

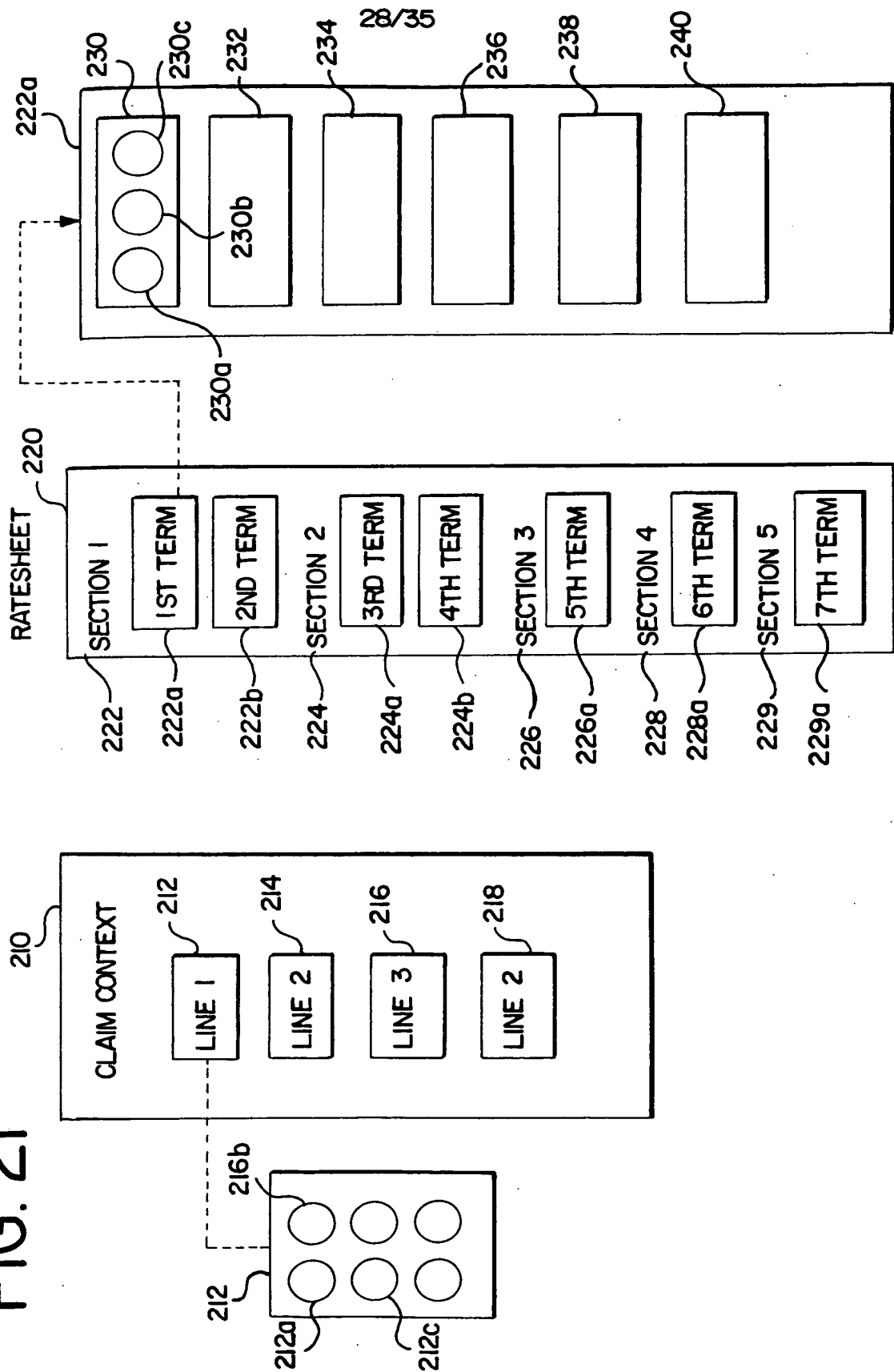


FIG. 22

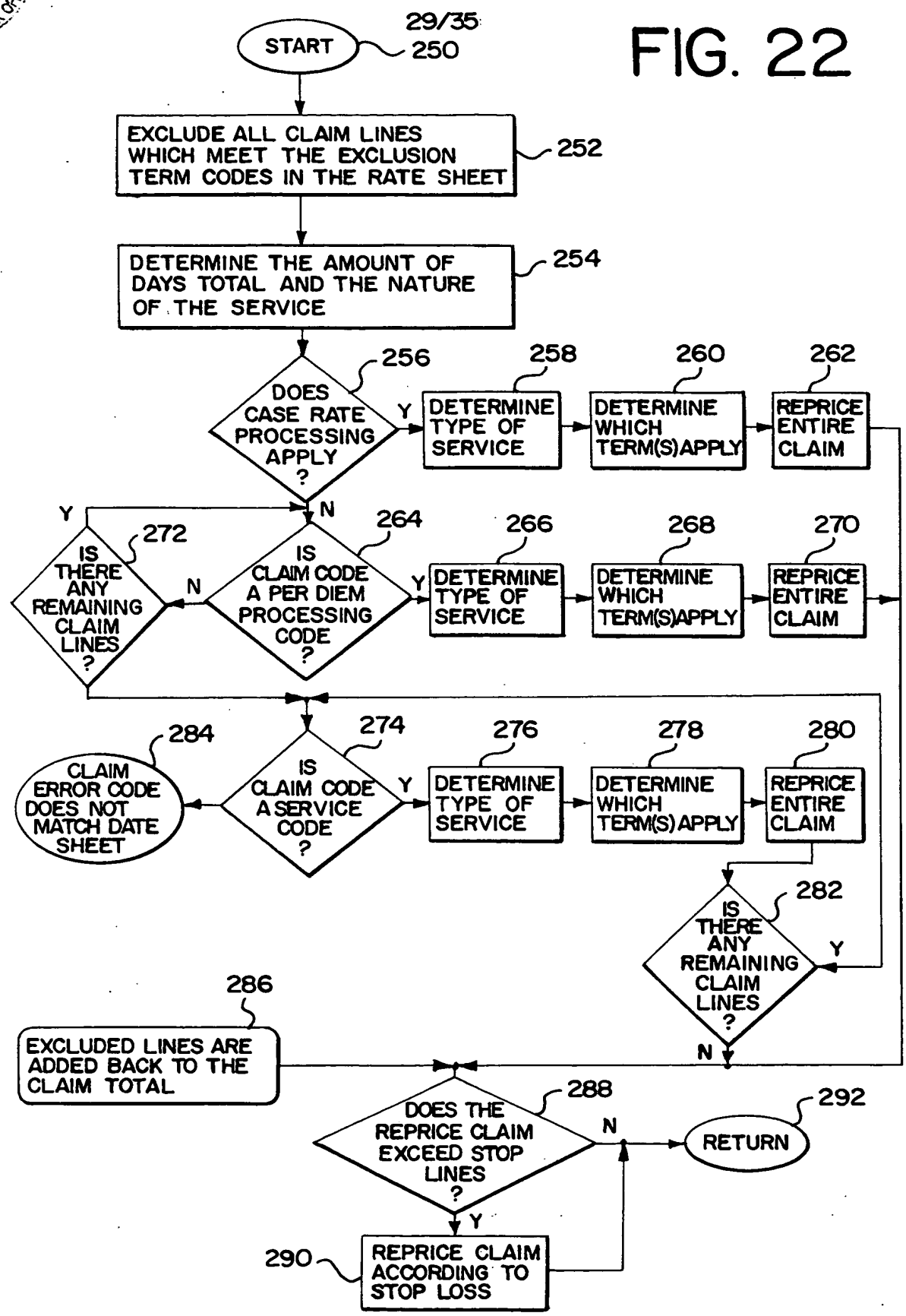
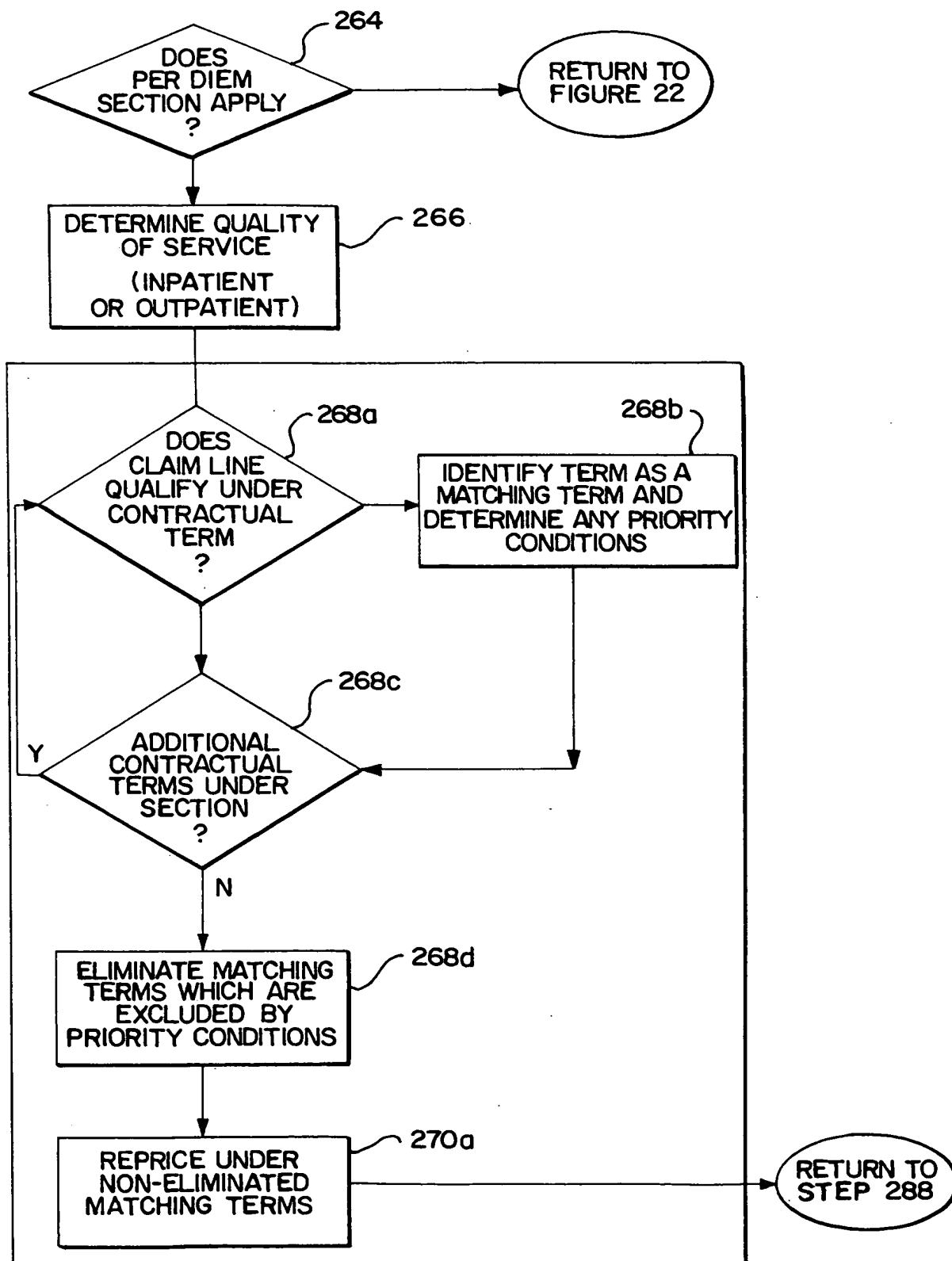


FIG. 23



MICROSOFT

MICROSOFT

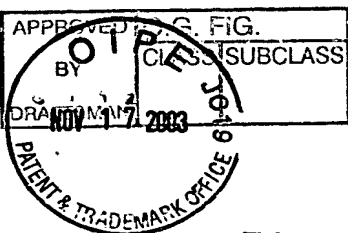


FIG. 25 b

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| MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400 | | | | | | | | | | FILE SEARCH HELP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|------------|------------|-------|--------------|-----------|--|--|--|------------------|--|---------|----------|-----------|-----------|-------|-------------|-----------|----------------|-----------------------|------------|------------|-----|--------------|--|------------------------|-------------------------------|------------|------------|-------|--------------|--|-----------------------------|-------------------------------|------------|------------|-------|--------------|--|
| <div>OUTBOX ERRORS PROCESSED ALL</div> <table><thead><tr><th>PATIENT</th><th>PROVIDER</th><th>SERV DATE</th><th>RCVD DATE</th><th>SBMTR</th><th>NETWORK NO.</th><th>CLAIM NO.</th></tr></thead><tbody><tr><td>DAVE, EXAMPLE6</td><td>DAVE E. WILLIAMS M.D.</td><td>1999-07-12</td><td>1999-12-28</td><td>DEM</td><td>1003220RHJNO</td><td></td></tr><tr><td>SLBYMAXLOSMAXDISCA, EV</td><td>ST MICHEAL HEALTH CARE CENTER</td><td>2000-01-09</td><td>2000-02-29</td><td>EMALC</td><td>100322BHW6NO</td><td></td></tr><tr><td>FRESH SLMAXLOSMAXDISCA, ...</td><td>ST MICHEAL HEALTH CARE CENTER</td><td>2000-01-09</td><td>2000-03-22</td><td>EMALC</td><td>100322C2SLVP</td><td></td></tr></tbody></table> | | | | | | | | | | | | PATIENT | PROVIDER | SERV DATE | RCVD DATE | SBMTR | NETWORK NO. | CLAIM NO. | DAVE, EXAMPLE6 | DAVE E. WILLIAMS M.D. | 1999-07-12 | 1999-12-28 | DEM | 1003220RHJNO | | SLBYMAXLOSMAXDISCA, EV | ST MICHEAL HEALTH CARE CENTER | 2000-01-09 | 2000-02-29 | EMALC | 100322BHW6NO | | FRESH SLMAXLOSMAXDISCA, ... | ST MICHEAL HEALTH CARE CENTER | 2000-01-09 | 2000-03-22 | EMALC | 100322C2SLVP | |
| PATIENT | PROVIDER | SERV DATE | RCVD DATE | SBMTR | NETWORK NO. | CLAIM NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAVE, EXAMPLE6 | DAVE E. WILLIAMS M.D. | 1999-07-12 | 1999-12-28 | DEM | 1003220RHJNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLBYMAXLOSMAXDISCA, EV | ST MICHEAL HEALTH CARE CENTER | 2000-01-09 | 2000-02-29 | EMALC | 100322BHW6NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRESH SLMAXLOSMAXDISCA, ... | ST MICHEAL HEALTH CARE CENTER | 2000-01-09 | 2000-03-22 | EMALC | 100322C2SLVP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50. PAYER 51. PROVIDER NO. 52. REL 53. ASG 54. PAYMENTS 55. AMT DUE 56. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNICARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. DUE FROM PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED'S CERT-SSN-INSURANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58. NAME FIRST MI 59. PREL 60. HIC-ID NO. 61. GROUP NAME 62. GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLBYAVG EV 15 EMPLOYER ADVANTAGE 130085 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. TREATMENT AUTHORIZATION CODES 64. ESC 65. NAME 66. STREET 67. CITY 68. ST 69. ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER ADVANTAGE 705 ILLINOIS, #7 JOPLIN MO 64801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67. PRIN 68. 69. 70. 71. 72. 73. 74. 75. 76. ADM 77. 78. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAG CODE CODE CODE CODE CODE CODE CODE CODE DIAG E-CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 760 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80. PRINCIPAL 81. OTHER 82. ATTENDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79. PC PROCEDURE PROCEDURE PROCEDURE PHYS ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE DATE CODE DATE CODE DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83. OTHER PHYS ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84. REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85. PROVIDER REPRESENTATIVE 86. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MICROSOFT

FIG.26

34/35

320

REPRICING WORKSHEET

PRINT

BACK

DATE

03/23/2000

PAGE

WORKSHEET NO

100323CWQXVN

PROCESSOR

DRNALC

REPRICING WORKSHEET

CLIENT/CARRIER: UNICARE LIFE & HEALTH MEMBER EV SLBYAVGDAILY1

INSURANCE COM

AUSTIN PAYPOINT (228) MEMBER ID 15

POST OFFICEBOX833933 PATIENT DEB NELSON

RICHARDSON, TX 75083 EMPLOYER EMPLOYER ADVANTAGE

POLICY NO 130085

PROVIDER OF SERVICE

HARDY MEDICAL CENTER

PATIENT NO

TIN

11-9999999

DIAGNOSIS 780

ADMISSION DATE

01/09/2000

PERIOD: TO

| REV | DESCRIPTION | UNITS | CHARGE | NOT PRICED | DISCOUNT | NETWORK ALLOWABLE |
|---------|-------------|-------|-------------|------------|-------------|-------------------|
| 120 | MEDICAL | 4 | \$20,000.00 | \$0.00 | \$17,700.00 | \$2,300.00 |
| **TOTAL | | | \$20,000.00 | \$0.00 | \$17,700.00 | \$2,300.00 |

THE ABOVE WAS REPRICED USING THE AMERICAN LIFECARE NEGOTIATED PRICING.

OFFICE

NETWORK NO.

CLAIM NO.

START

END

DATE

QDPL

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